

NOTE: This is a preliminary draft based on previous statements by the Board and updated only slightly to reflect current legislative issues. It was assembled by staff for discussion purposes only. It does not represent the policies or opinions of the current Board, its individual members, or the Board's staff.

PRELIMINARY DRAFT

Washington State Board of Health

STATEMENT OF POLICY ON POSSIBLE 2006 LEGISLATIVE ISSUES

It is the policy of the Washington State Board of Health (Policy 01-001) to monitor and comment on issues before the Legislature that alter the Board's statutory authority, run counter to a policy direction the Board has established in rule, or directly relate to one of the policy priorities established by the Board. In addition, the Board thought it prudent to discuss some major issues likely to appear on the Legislature's agenda and to reach agreement on the sense of the Board prior to session. This document represents the sense of the Board on a limited number of significant issues that the Board discussed as a whole prior to session, and is intended to guide Board staff and individual Board members in their communications.

This is neither an exhaustive nor a prescriptive list of issues that Board staff will monitor or Board members may comment on under Board policy. Board staff, as always, will review and monitor an extensive list of proposed legislation. There are many subjects the Legislature might take up that the Board may choose to comment on because a bill affects the Board's authority, rules, or priority projects.

The following statements represent the sense of the Board:

- **Access to Health Care:** The Board encourages the Legislature to protect, and if possible improve, access to health care. It is particularly concerned about access for children. The Board supports an evidence- and population-based approach—such as the Board's "Menu of Critical Health Services"—to the design of safety net programs and benefits packages. This approach would first emphasize stable and adequate funding for public health infrastructure. In terms of personal medical care, it would emphasize primary and preventive care, as well as disease management for chronic conditions, and it would give equal weight to evidence supporting the benefits of programs such as dental care, substance abuse treatment, and behavioral health services. The Board believes stable funding is necessary to achieve universal access to such a core set of services, and that achieving stable funding would require broad-based agreement on the menu of core services; prioritization of those services; establishment and tracking of measurable outcomes; and reformation of basic financing mechanisms.
- **Children's Preventive Services:** The Board encourages policy makers to maintain the highest priority on promoting delivery of children's clinical preventive services. It supports maintaining publicly funded coverage for low-income children as necessary to ensure access to clinical preventive services (though coverage is not sufficient by itself). It believes the state should proactively encourage enrollment in public programs that insure low-income children and eliminate disincentives. It does not support cost-sharing requirements or administrative barriers that would discourage participation. The Board urges policy makers to pursue a range of incentives, including financial incentives for parents, to assure that all Washington's children, regardless of coverage, receive proven clinical preventive health services.
- **Public Health Funding:** The Board supports establishment of a stable and secure funding source for public health that would be adequate to enable local health jurisdictions, the Department of Health, and the State Board of Health to meet the standards contained developed by the Public Health Improvement Partnership as required under RCW 43.70 (notably sections -520, -550, and -580).

- **Mandated Benefits:** The Board believes the state has an interest in encouraging access to and utilization of proven preventive practices. One of the best ways to ensure such services are provided, promoted, and utilized is to include them in benefits packages. While it is important to reduce the cost of health insurance, removing coverage for proven preventive practices will have limited or no impact on short-term insurance costs, and is likely to impose significant long-term health and social costs on individuals, the state, and society.
- **Mental Health:** The Board has heard from several local jurisdictions that the lack of adequate community resources needed to address behavioral problems and mental illness is a major public health problem. The work of advocacy groups, the Joint Legislative Executive Committee on Mental Health Services and Financing, and other entities suggests that mental health services are inadequate across most of the state, and that Washington's mental health safety net is wholly inadequate to deal with current needs. Mental health issues that go unaddressed place huge demands on the health care delivery system, public health, and the criminal justice system. The Board encourages support to community mental health programs, particularly those that take a preventive, population-based and public health approach to care.
- **Nutrition and Physical Activity:** The Board believes public policy should encourage greater levels of physical activity and improve opportunities for healthy nutrition. It supports efforts to integrate public health concerns into land use, transportation, and community development planning to ensure that the social and physical environments promote healthy behaviors.
- **School Health:** The Board supports using science and public health best practice models to improve physical activity and nutrition policies and health practices in schools. This would include improving the quality and availability of school meal programs. It also supports school-centered programs that would improve children's access to comprehensive primary and preventive services, either through school-based care or referrals to other providers. This would include programs to prevent, diagnose, and treat chronic diseases such as asthma and diabetes.
- **School Environmental Health:** The Board, along with the Department of Health, is currently engaged in rule making to establish new standards for environmental health and safety in schools. The goal of this activity is to develop rules that proactively protect children's health; are based on the best available science; ensure accountability between school districts, local health jurisdictions, and their communities; support and promote current school health and safety programs that work; have the least burdensome regulatory structure; are compatible and consistent with existing related regulations (such as building codes); and are realistic about resource limitations of schools and local health jurisdictions. The Board believes this process should continue, but is also prepared to support legislative solutions that are consistent with this goal.
- **Oral Health:** The Board is concerned about the poor levels of access to children's oral health care, and encourages the state to explore solutions that include maintaining Medicaid and SCHIP dental coverage to the degree possible and expanding the use of fluoridation as a population-based approach to preventing dental caries in people with limited access to oral health care.
- **Genetics and Privacy:** The Board will support the components of legislation that are consistent with the recommendations of the Genetics Task Force.
- **Immunizations:** The Board is currently engaged in a process to establish criteria for including a vaccine-preventable disease on the list of diseases that children entering school or child care must be immunized against. It will then evaluate new and existing vaccines against those criteria. It believes that authority to mandate vaccines should continue to be delegated to the Board as it completes this

process. The Board does not believe that current data supports the notion that the vaccine preservative thimerosal leads to neurological disorders such as autism. The Board supports the elimination of mercury-based preservatives from vaccines as a precaution, but opposes bans on vaccines containing thimerosal if those bans might harm individuals for whom a particular vaccine is medically indicated.

- **Persistent Bioaccumulative Toxins:** The Board supports the goals and intent of Department of Ecology's "*Proposed Strategy to Continually Reduce Persistent Bioaccumulative Toxins (PBTs) in Washington State.*" It has also supported the Mercury Action Plan. It would support development and implementation of an action plan for polybrominated diphenyl ether (PBDE) and would endorse a ban on forms of PBDE that can be shown to be harmful to human health.
- **Onsite Sewage:** In October 2004, the Board adopted Resolution 04-04, which relates to operation and maintenance of septic systems along marine shorelines. In July 2005, the Board revised its rule governing small onsite sewage systems. The Board would support legislative efforts consistent with the intent of Resolution 04-04 and the existing rule.
- **Tobacco:** The Board supports full implementation of the Department of Health *Tobacco Prevention and Control Plan* and would discourage any actions, such as further Tobacco Settlement securitization, that would undermine these proven successful efforts. The Board supports efforts to ban "sampling"—the practice of giving away tobacco products.
- **Regulatory Reform:** The Board supports efforts to create less burdensome and less intrusive models of state regulation, but only so long as those models do not deny vulnerable citizens the protection of the state.